

Lincoln



Nebraska's Capital City

January 10, 2002

Mayor Wesely and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Wesely and Members of the City Council:

An investigation has been made regarding the application of Making Moves Entertainment Inc., d.b.a. Stiffers, 1339 'O' Street requesting a class C liquor license for this location.

This location was previously known as Homers, which did not hold a liquor license.

Jeffrey McCandless holder of all shares requests that he be approved as the manager of this liquor license.

Background information on Jeffrey McCandless is as follows:

Jeffrey McCandless was born August 22nd 1978. He attended Lexington High School graduating in 1997.

Jeffrey McCandless employment history is as follows:

2000 – present	Manager, Hooters	Lincoln, NE.
2001	Security, Royal Grove	Lincoln, NE.
1999 – 2000	Staff, Club 54	Indianapolis, IN.
1999 – 2000	Bartender, Red Lobster	Indianapolis, IN.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



Police Department

575 South 10th Street / Lincoln, Nebraska 68508 / Phone: 402-441-7204 / Fax: 402-441-8492 / Website: www.ci.lincoln.ne.us

A nationally accredited law enforcement agency



Liquor License Business Report / Completed by Inv Fosler Date: 1-10-02

DBA: STIFFERS

ADDRESS 1339 'O' ST

PHONE _____

TYPE OF INVESTIGATION:

PURCHASE ☐ UPGRADE ☐ EXPANSION ☒ NEW

OWNER ☒ MANAGER ☒ OTHER _____

TYPE OF BUSINESS _____

CLASS: A B ☒ C D I J K CATERING OTHER _____

OWNERSHIP CORPORATION ☒ PARTNERSHIP INDIVIDUAL

PURCHASE PRICE _____ PROPERTY EQUIPMENT VALUE _____

AMOUNT FINANCED \$50,000 SOURCE FATHER

COLLATERAL NONE COSIGNER(S) _____

LEASE AGREEMENT 5YR (a) 7041 MO.

EST INCOME %FOOD 0 %LIQUOR 100

COMMERCIAL ☒ INDUSTRIAL RESIDENTIAL

TRAFFIC HEAVY PARKING ON-STREET

READY FOR OPERATION: YES ☒ NO ☐ EST DATE APR 2002

FOOD SERVICE N/A # OF EMPLOYEES F/T 2 P/T 10

DOES LICENSE COMPLY WITH LEGAL DISTANCES: YES ☒ NO ☐

EST SEATING UNK EST # DAILY CUSTOMERS UNK

HOURS OF OPERATION WED - SAT 4pm - 1am

HUMAN RIGHTS COMMISSION CHECKED YES NO ☒ N/A

Liquor License Investigation

Business (DBA) STIFFIERS

☒ Manager ☒ Owner Other _____

Name: Jeffrey McCandless

US Citizen? ☒ Yes ☐ No

Has applicant ever been cited for liquor law violations? ☐ No ☒ Yes

Explain MIP 96-97 97-False ID

Does applicant have an interest in another liquor license? ☒ No ☐ Yes

Explain _____

Is spouse qualified to hold a license? Yes ☐ No ☒ N/A

How is applicant if not an owner to be paid? Salary ☐ Hourly ☒ N/A

How many hours will applicant be at the establishment? 60+

Any other employment? ☒ No ☐ Yes, explain _____

Any previous experience with a liquor license? ☒ Yes ☐ No

Any criminal convictions? ☐ No ☒ Yes

Comments See Above

Is applicant a property owner in Lincoln? Yes ☐ No ☒

Is applicant involved in any civil litigation? ☒ No ☐ Yes

Comments _____

☐ Photo ☒ Records Check ☒ References

Comments _____

Interview Date 1/10/02

STATE OF NEBRASKA

lit date 1-14-01
PH: 1-2801
A2-000766



Mike Johanns
Governor

CERTIFIED

December 31, 2001

Joan Ross, City Clerk
County/City Bldg
555 So. 10th St., STE 103
Lincoln, NE 68508

NEBRASKA LIQUOR CONTROL COMMISSION

Forrest D. Chapman

Executive Director

301 Centennial Mall South, 5th Floor

P.O. Box 95046

Lincoln, Nebraska 68509-5046

Phone (402) 471-2571

Fax (402) 471-2814

TRS USER 800 833-7352 (TTY)

RE: **MAKING MOVES ENTERTAINMENT INC. dba "Stiffeners"**
Class C Application (1339 "O" St.,)

Dear Local Governing Body:

Attached is the form to be used on all retail liquor license applications. Local clerks must collect proper license fees and occupation tax per ordinance, if any, before delivering the license at time of issuance.

TWO KEY TIME FRAMES TO KEEP IN MIND ARE:

- 1) You have 45 days to conduct a hearing after the date of receipt of the notice from this Commission (§53-134). You may choose NOT to make a recommendation of approval or denial to our Commission.

PER §53-133, THE LIQUOR CONTROL COMMISSION SHALL SET FOR HEARING ANY APPLICATION WHEREIN:

- 1) There is a recommendation of denial from the local governing body.
- 2) A citizens protest; or
- 3) Statutory problems that the Commission discovers.

PLEASE NOTE...A LICENSEE MUST BE "PROPERLY" LICENSED IN ORDER TO PURCHASE FROM WHOLESALERS; AND, A LICENSE IS EFFECTIVE:

- 1) Upon payment of the license fees;
- 2) Physical possession of the license;
- 3) Effective date on the license.

Patrick O'Brien, Attorney

Sincerely,

NEBRASKA LIQUOR CONTROL COMMISSION


Licensing Division

Enclosures
Rhonda R. Flower
Commissioner

Bob Logsdon
Chairman

R.L. (Dick) Coyne
Commissioner

An Equal Opportunity/Affirmative Action Employer



54191

APPLICATION FOR LICENSE

Nebraska Liquor Control Commission
PO Box 95046,
301 Centennial Mall South
Lincoln, NE 68509-5046

<http://www.nol.org/home/NLCC/>
Phone: (402) 471-2571
Fax: (402) 471-2814

RECEIVED**DEC 21 2001**NEBRASKA LIQUOR
CONTROL COMMISSION

INSTRUCTIONS: Include: 1. Applicable fees payable to Liquor Control Commission 2. Copy of birth certificate or naturalization papers proving U.S. citizenship for each individual and spouse named on application (not required of corporations or spouse(s) who file an affidavit of no interest with application, Commission form 4178 3. Corporations must include copy of articles of incorporation as filed with the Secretary of States office in the state of Nebraska 4. Commission checklist, form 4251 5. Fingerprint cards and processing fees (are required of individuals, all partners and spouses. Corporate applicants must file for CEO/Manager & stockholders holding over 25% stock 6. All applications must be typewritten or printed clearly 7. Submit in Triplicate 8. Required areas marked by a red asterisk (*)

CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND LIST OF FEES FOR EACH

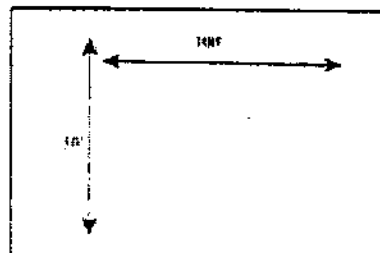
Class of License (Check applicable class) *	Registration Fee	License Fees	Corporate Surety Bond
<input type="checkbox"/> A Beer, On Sale Only - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> F Beer, On Sale Only - Outside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> B Beer, Off Sale Only - Inside/Outside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> J Wine, Beer, On Sale Only - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> I Spirits, Wine, Beer, On Sale Only - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> D Spirits, Wine, Beer, Off Sale Only - Inside Corporate Limits	\$45.00	\$150.00	exempt
<input type="checkbox"/> D1 Spirits, Wine, Beer, Off Sale Only - within extraterritorial zoning jurisdiction	\$45.00	\$150.00	exempt
<input checked="" type="checkbox"/> C Spirits, Wine, Beer On & Off Sale - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> M Bottle Club (Spirits, Wine, Beer, On Sale)	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> H Nonprofit Corporation	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> K Wine Only, Off Sale	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> O Boat	\$45.00	\$50.00	exempt
<input type="checkbox"/> V Manufacturer of Beer, Wine & Distilled Spirits	\$45.00	Varies \$100 to \$1,000	\$10,000 min.
<input type="checkbox"/> X Wholesale Liquor	\$45.00	\$500.00	\$ 5,000 min.
<input type="checkbox"/> W Wholesale Beer	\$45.00	\$250.00	\$ 5,000 min.
<input type="checkbox"/> Y Farm Winery	\$45.00	\$250.00	\$ 1,000 min.
<input type="checkbox"/> L Craft Brewery (Brew Pub)	\$45.00	\$250.00	\$ 1,000 min.

TYPE OF APPLICATION *		CORPORATE SURETY BOND INFORMATION	
Type of application being applied for (check appropriate box) 1. <input type="radio"/> Individual License requires Form 1 to be attached. 2. <input type="radio"/> Partnership License requires Form 2 to be attached. 3. <input checked="" type="radio"/> Corporate License requires Forms 3 and Manager Application to be attached		Bond Company - for Classes L V W X Y only _____ Start Date Month/Day/Year Bond Number _____ _____	
SECTION A - LOCATION INFORMATION - Must be completed by all applicants			
Trade Name (name of business) Stiffers		Telephone Number at premise to be licensed None	
1) Street Address of Proposed licensed premise 1339 "O" Street		2) Mailing Address for receipt of Liquor Control Commission mailings 1339 "O" Street	
City Lincoln	County Lancaster	City Lincoln	County Lancaster
Zip Code 68508		Zip Code 68508	

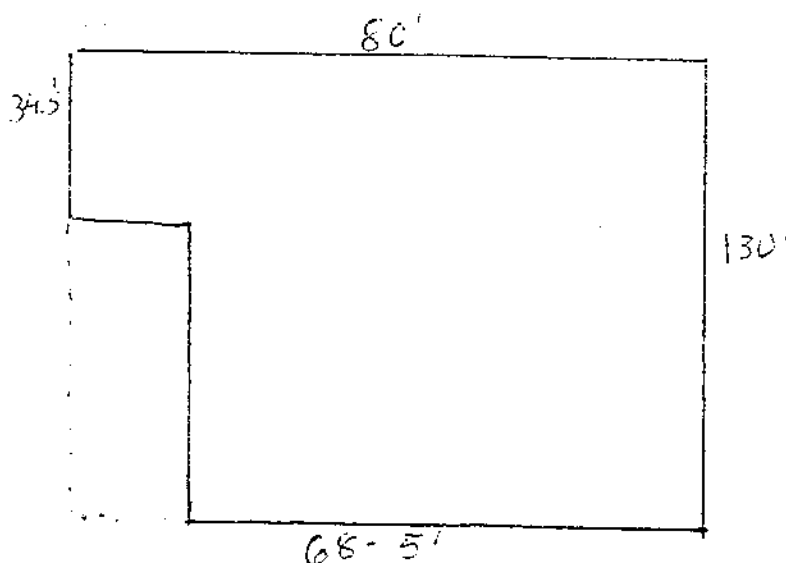
DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

In the space provided draw the area to be licensed. This should include storage areas, basement, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations where only a portion of the entire bldg. is to be covered by the license. No blue prints will be accepted. Be sure to indicate the direction North and number of floors of the building.

N ↑



Example: East portion approximately 50' x 100' of main floor of 3 story building plus basement. Approximately 30' x 50' at the East end.



SECTION B OTHER INFORMATION REQUIRED *			
	Yes	No	Explanation/Comments Note: Only what is visible on screen will be printed
<p>* 1. READ CAREFULLY. Answer completely and accurately.</p> <p>Has anyone who is a party to this application, or their spouse, ever been convicted of or plead guilty to any criminal charge. Criminal charge means any charge alleging a felony or misdemeanor violation of a federal or state law; or a violation of a local law, ordinance or resolution. Include any DWIs or DUIs. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.</p>	Yes <input checked="" type="radio"/>	No <input type="radio"/>	<p>1) MIP 1997-Lexington, Dawson County, NE</p> <p>2) Disorderly House 1999, Lincoln, Lancaster County, NE</p> <p>3) Fake ID 1997-Holdrege, Phelps County, NE</p> <p>Jeffrey McCandless</p>
<p>* 2. Are you buying the business and/or assets of a licensee? If yes, submit a copy of the sales agreement with a listing of assets being acquired including liquor inventory (name brand and container size required).</p>	Yes <input type="radio"/>	No <input checked="" type="radio"/>	
<p>* 3. Are you filing a temporary agency agreement, Commission form 4231, whereby current licensee allows you to operate on their license? If yes, attach copy.</p>	Yes <input type="radio"/>	No <input checked="" type="radio"/>	
<p>* 4. Are you borrowing any money from any source to establish and/or operate the business? If yes, list the lender.</p>	Yes <input checked="" type="radio"/>	No <input type="radio"/>	<p>Don McCandless</p> <p>1510 Independent Street</p> <p>Lexington, NE</p>
<p>* 5. Will any person or entity other than licensee be entitled to a share of the profits of the establishment? If yes, explain.</p>	Yes <input checked="" type="radio"/>	No <input type="radio"/>	<p>Stockholders</p>

* 6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others? If yes, list such items and the owner.	Yes <input type="radio"/>	No <input checked="" type="radio"/>	
* 7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business? If yes, explain?	Yes <input type="radio"/>	No <input checked="" type="radio"/>	
* 8. Are the premises to be licensed within 150 ft. of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 ft. of a college or university campus? If yes, list the name of such institution and where it is located in relation to the premises. Per Sec. §53-177.	Yes <input type="radio"/>	No <input checked="" type="radio"/>	
* 9. Is anyone listed on this application a law enforcement officer? If yes, list the person, the law enforcement agency involved and the persons exact duties.	Yes <input type="radio"/>	No <input checked="" type="radio"/>	
10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the person(s) who will be authorized to write checks and/or make withdrawals on accounts at such institutions.	US Bank, Lincoln, NE Jeffrey McCandless		
11. List all past and present liquor licenses held by any person named in this application. Include license holder name, location of license and license number. Also list reasons for termination of any licenses previously held.	NONE		
12. List the person who will be the on site supervisor of the business and the estimated number of hours per week such person or manager will be on the premises supervising operations.	Jeffrey D. McCandless 40-50 hours		

13. List the training and experience of the person listed in #12 above in connection with selling and/or serving alcohol products.	Bartender-Maggies Bar & Lounge Host-Deuce Doup Diner Waiter-Red Lobster Bartender-Club 54 Security & trainer-Royal Grove Asst. Manager-Hooters
14. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership, if leased submit a copy of the lease covering the entire license year. (Documents must show title or lease held interest in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed)	See attached Lease
15. When do you intend to open for business?	March 1, 2001

16. List the principal residence for the past 10 years for all persons required to sign application. If necessary attach a separate sheet.

NAME	FROM (YEAR)	TO (YEAR)	RESIDENCE (CITY, STATE)
Jeffrey D. McCandless	2000	2001	Lincoln, NE
Jeffrey D. McCandless	1999	2000	Indianapolis, IN
Jeffrey D. McCandless	1998	1999	Lincoln, Ne
Jeffrey D. McCandless	1991	1998	Lexington, NE

The undersigned applicant(s) hereby consent(s) to a background investigation and release of present & future records of every kind and description including police records, tax records (State and Federal), bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation or any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete and/or inaccurate.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules, regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public. Must be signed by applicant and spouse; if a partnership, all partners and spouses must sign and corporation, all stockholders (holding more than 25% of the stock), officers, directors and spouses must sign. Full names only, initials not acceptable.

Sign
here 

Sign
Here _____

Sign
Here _____

Sign
Here _____

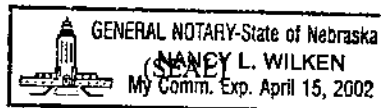
Sign
Here _____

Sign
Here _____

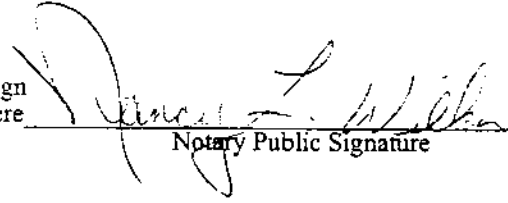
Sign
Here _____

Sign
Here _____

Subscribed in my presence and sworn to before me this 20 day of December, 2001



In compliance with ADA, this application for license form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternative format.

Sign
here 
Notary Public Signature

Verify & Print form

FORM 35-4010

1
REV 1/01

Corporation/LLC Application for License - Form 3

Nebraska Liquor Control Commission

RECEIVED

DEC 21 2001

NEBRASKA LIQUOR
CONTROL COMMISSION

INSTRUCTIONS:

- 1) Application and application for manager must be typewritten and submitted in triplicate
- 2) Fingerprint cards (2 cards per person) must be submitted for: a) each stockholder owning over 25% of the stock, b) chief executive officer, c) proposed manager and d) all spouses
- 3) Information regarding spouses must be completed

Required areas marked by a red asterisk (*)

Name of Corporation That Will Hold License. Attach copy of Articles of Incorporation

Making Moves Entertainment, Inc. *

Total Number of Shares (if corporation)

1,000 *

Corporate Street Address

231 West Treehaven Drive *

Mailing address for receipt of Liquor Control Commission Mailings

Same *

Corporate Telephone Number

402-202-5551 *

City

Lincoln *

County

Lancaster *

State

NE *

Zip Code

68521 * -

Name of Registered Agent

Patrick T. O'Brien *

Name of Proposed Manager

Jeffrey D. McCandless *

IN THIS SECTION LIST THE NAME OF THE CHIEF EXECUTIVE OFFICER

Name

Jeffrey D. McCandless *

Title

President *

Date of Birth

Social Security Number

* -

Home Address (1)

3202 Prairievew *

City

Lincoln

State

NE *

Zip Code

68504 * -

Home Telephone Number

402-476-7762 *

PRINCIPLE OFFICERS, DIRECTORS, STOCKHOLDERS, MEMBERS AND SPOUSES

Name of Officers, Directors, Members and Spouses.
Give Last Name, First Name, Middle, Maiden, and
any aliases

Social Security
Number

Date of Birth

Title

Name

McCandless, Jeffrey D.

President

Spouse Name

N/A

Partner Number of Shares / % 100

Spouse Number of Shares / %

Name of Officers, Directors, Members and Spouses. Give Last Name, First Name, Middle, Maiden, and any aliases	Social Security Number	Date of Birth	Title
Name _____	_____	_____	_____
Spouse Name _____	_____	_____	_____
Partner Number of Shares / % _____	Spouse Number of Shares / % _____		

Name of Officers, Directors, Members and Spouses. Give Last Name, First Name, Middle, Maiden, and any aliases	Social Security Number	Date of Birth	Title
Name _____	_____	_____	_____
Spouse Name _____	_____	_____	_____
Partner Number of Shares / % _____	Spouse Number of Shares / % _____		

Name of Officers, Directors, Members and Spouses. Give Last Name, First Name, Middle, Maiden, and any aliases	Social Security Number	Date of Birth	Title
Name _____	_____	_____	_____
Spouse Name _____	_____	_____	_____
Partner Number of Shares / % _____	Spouse Number of Shares / % _____		

Name of Officers, Directors, Members and Spouses. Give Last Name, First Name, Middle, Maiden, and any aliases	Social Security Number	Date of Birth	Title
Name _____	_____	_____	_____
Spouse Name _____	_____	_____	_____
Partner Number of Shares / % _____	Spouse Number of Shares / % _____		

(If Necessary, Continue on Separate Sheet)

Is this Corporation/LLC controlled by another Corporation?

Yes ☐ No ☒

Name of control Corporation

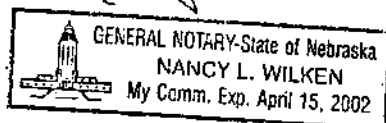
If YES, LIST EACH STOCKHOLDER/MEMBER OWNING MORE THAN 25% stock/interest in that corporation/LCC. Any applicant who has a Corporation as a shareholder MUST file an organizational chart listing all shareholders and/or corporations owning more than 25% stock and listing of the percentage of stock owned.

Please indicate below your corporate tax year with the IRS

Starting date: January 1 Ending date: December 31

State of Nebraska)
) ss.
Lancaster County)


Notary Public Signature & Seal



By 
President/Member

In Compliance with ADA, this form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

Secretary/Member

Verify Form and Print

FORM 35-4183
REV. 02/01

RECEIVED

Application for Corporate Manager DEC 21 2001

Must Be A Nebraska Resident
Please submit in Triplicate

NEBRASKA LIQUOR
CONTROL COMMISSION

Return to: Nebraska Liquor Control Commission, PO Box 95046
301 Centennial Mall So., Lincoln NE 68509

Phone: (402) 471-2571

Fax: (402) 471-2814

Web address: <http://www.nol.org/home/NLCC/>

Required areas marked by a red asterisk (*)

LIQUOR LICENSE INFORMATION

Name of Licensed Corporation

Making Moves Entertainment *

Class & License number

C

Trade Name of Licensed Premise

Stifflers *

Street Address of Licensed Premise

1339 "O" Street *

City

Lincoln *

Zip Code

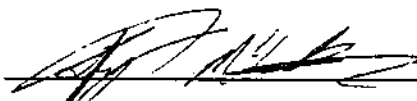
68508 *

County

Lanca *

On behalf of the corporation, I designate this individual as corporate manager.

Signature of Corporate President/CEO:



APPLICANT INFORMATION (MUST BE 21 OR OVER)

Full Name (Last, First, Middle, Maiden)

McCandless, Jeffrey D. *

Sex *

F

M

☐☒

Social Security N

Date of Birth

Place of Birth

Kearney, NE *

Home Street Address

3202 Prairieview *

City

Lincoln *

County

Lancaster

State

NE *

Zip Code

68504 *

Home Telephone Number

402-476-7762 *

Business Telephone Number

402-202-5551 *

Drivers License Number

*

Are You Married? * Yes ☐ No ☒ If Yes, You must complete the following:

SPOUSE'S INFORMATION

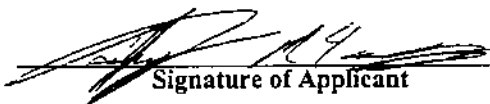
STATE OF NEBRASKA)

COUNTY OF Lancaster) SS

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or s applicant who makes the above and foregoing application, that said application has been read and that the contents thereof statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be of perjury and subject to penalties provided by law. (Sec. §53-131.01) Nebraska Liquor Control Act.

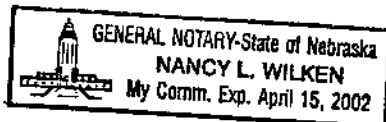
The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind an including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spo rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any individual disclosing or releasing said information to the Nebraska Liquor Control Commission. If spouse has NO interest indirectly, an affidavit may be attached, however, fingerprint cards are still required to be filed.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this applicatio cancellation if the information contained herein is incomplete and inaccurate.


Signature of Applicant_____
Signature of Spouse

Subscribed in my presence and sworn to before me this 21
day of December, 2001.

Subscribed in my presence and sworn to before me t
of _____.


Notary Signature & Seal_____
Notary Signature & Seal_____
Verify and Print